## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

19226 W DIXIE HIGHWAY

NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

Suite, Apt. #, etc

City & State

22



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G79062

**(7)** 

DISCOUNT AUTO SALES, INC.

•

Mailing Address
23012 L'ERMITAGE CI

**BOCA RATON LF 33433** 

2a. Mailing Address

City & State

27

28

Suite, Apt. #, etc.

FILED
May 04 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

01/17/1984 4. FEI Number

59-2366187

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

24	ŀ	25	29	30	ล ี		Personal Property Tax due June 30.		No	
241			rent Registered Agent	10. Name and Address of New Registered Agent						
KRASNER, J. 81 Name										
23012 L'ERMITAGE CI BOCA RATON FL 33433						82 Street Address (P.O. Box Number is Not Acceptable)				
						51 Street Address (F.O. Box Nullinber is Not Acceptable)				
								."		
					84	City		ar Zin	Code	
					0-1	City	F	L 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
	Signature, typed	or printed name of registered	<del></del>			nt signature re	equired when reinstating) DATE			
12.	PS	OFFICERS /	AND DIRECTORS	13.		т	ADDITIONS/CHANGES TO OFFICERS A	VID DIRECTOR  Change	Addition	
TITLE	1 ' -	PS DELETE KRASNER, JULES			1.1 TITLE 1.2 NAME			LT CHAINGE	Abdition	
NAME STREET ADDRESS		'ERMITAGE CI				4000000				
	BOCA RATON FL					ADDRESS				
CITY-ST-ZIP TITLE	DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition		
NAME				i	IAME					
STREET ADDRESS						ADORESS	i <sub>e</sub> · ·			
CITY-ST-ZIP						ST-ZIP	•			
TITLE			DELE			71-211		Change	Addition	
NAME				3.21	IAME					
STREET ADDRESS	ŀ			3.3 5	TREET	ADDRESS				
CITY-ST-ZIP				3.4.	OITY-S	ST-ZIP				
TITLE			☐ DELE					Change	Addition	
NAME				4.2	MAME					
STREET ADDRESS				4.3 5	TREET	ADDRESS				
CITY-ST-ZIP				4.40	ITY-S	T- ZIP				
TITLE			☐ DELI	TE 5.11	ITLE			☐ Change	Addition	
NAME				5.21	IAME					
STREET ADDRESS				5.3.5	TREET	ADDRESS				
CITY-ST-ZIP					ITY-S	T-ZIP				
TITLE			☐ DELL	ETE 611	ITLE			Change	Addition	
NAME	}				IAME					
STREET ADDRESS				635	TREET	ADDRESS			į	
CITY-ST-ZIP					ITY-S		11- O- 11- 440 07/0\(0) Fig. 11- 00-4			
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an										
officer or director of the corporated or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or superfectment with an address.										